



CREaTE

Canterbury Research and Theses Environment

Canterbury Christ Church University's repository of research outputs

<http://create.canterbury.ac.uk>

Please cite this publication as follows:

Flux, L., Hassett, A. and Callanan, M. (2019) How employers respond to employees who return to the workplace after experiencing the death of a loved one? A review of the literature. Policy and Practice in Health and Safety. ISSN 1477-3996.

Link to official URL (if available):

<https://doi.org/10.1080/14773996.2019.1590764>

This version is made available in accordance with publishers' policies. All material made available by CReaTE is protected by intellectual property law, including copyright law. Any use made of the contents should comply with the relevant law.

Contact: create.library@canterbury.ac.uk



Authors: Leanne Flux, Alex Hassett, Margie Callanan

Title: How do employers respond to employees who return to the workplace after experiencing the death of a loved one? A review of the literature.

Abstract Word Count (97)

Body Word Count (5283)

Abstract

In order to provide insight for employers in maintaining a mentally healthy and productive workforce, it is essential to understand how bereaved employees experience workplace support. A global literature search was conducted between February 2018 and April 2018, resulting in 15 papers directly matching stipulated inclusion and exclusion criteria. Three common themes emerged from the data namely; Instrumental Support, Informational Support and Emotional Support. Findings suggest that while various employers endeavoured to show sympathy and flexibility to bereaved employees, others were found to be less responsive with certain areas of workplace support being reported as insufficient.

Keywords: Death, Bereavement, Workplace, Mental Health, Support

Introduction

In 2017 the Office for National Statistics reported that there were 533,253 deaths registered in England and Wales (age breakdown profile: 90+ years = 28.7%, 80-89 years = 5.3%, 70-79 years = 18.7%, 50-69 years = 11.6%, 0-49 years = 5.7%) (ONS, 2017). Although the number of deaths recorded is affected by the age and size of the population, the Office for National Statics reported that people are tending to live longer. We can therefore assume that employers are being expected to manage a greater age diverse workforce than in the past. Furthermore, many of those experiencing the death of a loved one are required to resume work responsibilities within several days of experiencing their personal loss (Hazen, 2009; McGuiness, 2009). Although grief has been studied in-depth, less is understood about

the longer term affects that bereavement may have on mental health and life events such as returning to work (Gibson, Gallagher & Jenkins, 2010; Fitzpatrick, 2008). It appears that there may be an absence of clear understanding on what guidance employers would find useful when endeavouring to support their employees during the grieving period and the return to work process. Therefore, in order to develop clear and meaningful forms of guidance for employers, there is a need to understand the experiences of the bereaved employee (Tehan & Thompson, 2013).

Palmer (2004) highlights that management, more so than the stipulated organisational policies and practices, are the ones who establish the tone for the way in which an organisation is perceived to respond to a grieving employee. Realistically, at some point in a manager's career, they will encounter an instance where they will be required to normalise conversations around death and offer some form of support to a grieving employee (Hazen, 2009). Managers' ideally need to establish a balance of realistic capability and understanding of the unique situation, interlinked with emotional knowledge and compassion (Charles-Edwards, 2001). Charles-Edwards (2001), highlights that managers' may feel unprepared when trying to deal with the reality of a bereaved employee. McGuinness (2009) suggests that managers' commonly want guidance on how to appropriately support grieving employees' (or anyone experiencing mental distress) and recommends that an organisational policy should contain clear and meaningful procedures to be used as a reference framework. Further to this, McGuinness (2009) proposes that such a document may additionally act as a confirmation that the organisation itself takes grief work and the mental health and the well-being of their employees' seriously. Over the last decade it has become clear that there is a large societal trend emerging on workplace mental health and well-being (Schnall, Dobson, & Roskam, 2009; Thompson & Bates, 2009). This focus acknowledges the requirement for employers' to take account of their employees' work-life integration. It is imperative that an emphasis on managing grief in the workplace is part of that process (Tehan & Thompson, 2013). Therefore, with an understanding of what best practice support looks like, employers' will be enabled to positively support their employees' who are experiencing mental distress. Therefore, the purpose of this literature review is to answer the following question, 'how do employers' respond to employees' who return to the workplace after experiencing the death of a loved one?'

Methods

An electronic literature search was conducted between February 2018 and April 2018. Search terms were entered and combined to discover relevant literature. The following databases were searched: 'PsychINFO', 'Web of Science', 'Business Source Premier' and 'Emerald Management E-Journals'; as well as a manual search conducted through references in relevant journal articles. The databases were chosen as they reference multiple cross-disciplinary literatures in a range of topics within the field of psychology, business and management. The resulting titles and abstracts were examined, focusing specifically on shared experiences of grief coupled with workplace demands and how the management of grieving employees' may have been supported. The terms searched included, 'Death AND/OR Bereavement AND Workplace', 'Support to bereaved employees' OR 'Managing bereaved employees'. Inclusion criteria consisted of the shared experiences of adult employees' who had been bereaved or taken a leave of absence due to mental health, and their perception of how they were treated in the workplace during their time of absence and upon their return. English only articles were used and to ensure relevance of literature and dates ranged from 1995 to 2018. Exclusion criteria consisted of opinion based material, therapeutic techniques of support, fatalities at work, healthcare work and any non-work support related bereavement. Duplicate articles were removed and a thematic analysis was applied to the remaining 15 articles. This approach allows for theoretical flexibility resulting in a rich and clear account of the data (Braun & Clarke, 2006). The aim was to identify and summarise the common themes that emerged from the studies reviewed. The raw data from the relevant 15 journals was read thoroughly, several times. The question the researcher primarily focused on was '*what specifically did the participants in each study refer to in each instance?*' Using this question the researcher then added in descriptive comments which consisted of summary key words which aimed to capture the nature of the reported experience. This was done by a process of constant comparison with the data as well as the researcher's interpretation of what was being referred to, thus following a process of reduction and abstraction. This resulted in common themes being identified and grouped together into similar categories, thereby creating themes and subthemes (Braun & Clarke, 2006). See Figure 1 & 2: for summary selection process PRISMA 2009 flow diagram.

[Insert Figure 1 here]

[Insert Figure 2 here]

Quality Assessment

The studies were assessed for quality in meeting the inclusion and exclusion criteria and were evaluated using the Critical Appraisal Skills Programme (CASP) checklist. The analysed data was assessed by an additional external researcher for quality assessment, and discussed. Additionally, 7 qualitative research guidelines were considered as defined by a framework created by Elliott, Fischer and Rennie (1999).

Results

Instrumental Support

A total of 15 articles discussed various degrees of Instrumental Support experienced by bereaved employees. Instrumental Support defined here as the provision of tangible, physical or practical assistance (Breen & O'Connor, 2011). This theme was further analysed and split into three subthemes namely: Practical Support (n=6), Bereavement Leave (n=11) and Flexible Working (n=6).

Practical Support

McGuinness's (2009) study on bereavement support in the workplace concludes that short-term support immediately after the death of a loved one tends to be relatively good. Studies in this review highlight practical support from management and work colleagues such as making cups of tea (Breen & O'Connor, 2011), facilitating and attending the funeral (Breen & O'Connor, 2011; McGuinness, 2009), keeping colleagues in the workplace informed, managing and facilitating the bereaved employees return to work (Gibson, Gallagher & Jenkins, 2010). It also included sending letters and cards of condolence to bereaved employees', (McGuinness, 2009; Fitzpatrick, 2008), food contributions (DiGiulio, 1995), and even a mention of the setting up of a scholarship in memory of the deceased loved one (Fitzpatrick, 2008).

Bereavement Leave

Research highlights that bereaved employees' commonly cite that one of their biggest concerns and most helpful ways of support was to receive time off work with pay (DiGiulio, 1995; Breen & O'Connor, 2011). Conversely, in Ireland and the European Union there is no legal entitlement to offering compassionate, paid or any other leave as a result of bereavement (McGuinness, 2009). In a study conducted by Malacrida (1999) which examined the interactions with social institutions after experiencing the death of a child, participants were found to describe the lack of extra time off work to attend the funeral, some even having to return to work the day after experiencing the death of their child. Breen and O'Connor's (2011) study found that only 4 out of 21 participants reported that their employers had in fact allowed them to take what they felt was an appropriate amount of time away from work to grieve (Breen & O'Connor, 2011). Additionally, it was felt that some Human Resource (HR) policies reporting on bereavement leave lacked clarity and employees were left feeling unsure in how to proceed (Bauer & Murray, 2018). Some highlighted that they may have pushed themselves back to work before they were ready (Moss, 2017). In a qualitative study conducted by Hall, Russell and Shucksmith (2013) evidence demonstrates that many HR bereavement policies and paid leave tended to be left to the discretion of the line managers. Some managers were found to stick rigidly to the HR policy document and others tended to not be fully aware of the entitlements of their employees. This conflicting information could potentially be overwhelming to the bereaved (Hall, Russell & Shucksmith (2013). This concurs with McGuinness's (2009) findings which highlights that out of the 34 organisations surveyed, half (n=17) of the line managers were allowed to use their discretion in offering a bereaved employee more days off on compassionate leave than those specified in the HR policy. A qualitative meta-analysis conducted by Andersen, Nielsen and Brinkmann (2012) investigated the return to work of employees with common mental disorders concluded that support from supervisors played a significant part in the return to work. Although this study does not directly relate to bereavement it still links to time off work due to mental distress, possibly as a result of grief. This study found that during their time off, the perception of support could consist of the employer sending a message, thereby showing that the employee was respected, valued and missed. However, it was noted that several employees' reported experiencing a lack of management support during their sick leave, mentioning either that the employer did not contact them at all or they interpreted the

contact from their employer as forceful and interrogatory (Andersen, Nielsen & Brinkmann, 2012).

Flexible Working

Another common theme in this review found that one of the most helpful management responses was the offer of flexible working hours, reduced workloads, or taking over some of the bereaved employees work duties or responsibilities (DiGiulio, 1995; Gibson, Gallagher & Tracey, 2011; McGuiness, 2009; Fitzpatrick, 2008). In 1995 a study conducted by DiGiulio in the United States, consisting of 106 child welfare workers from 4 private and 2 public child welfare agencies who had experienced personal loss, shared their experiences of support in the workplace. The study indicates that 23% of the participants mentioned that the employing organisation had responded with willingness to change bereaved workers schedules and just 37% reported that the supervisors had shown a willingness to adjust work schedules. Three years later in Eyetsemitan's, (1998) study where 145 volunteers who had experienced bereavement whilst being employed, found that 84% reported at being expected to resume full responsibilities after their return to work and 64% advised they had not received any support from their workplace. In 2006, McGuiness from The Irish Hospice Foundation surveyed 34 Irish organisations examining policies and procedures in supporting bereaved employees. These ranged from 150 to 5000 employees' from a mixture of private, public and local government organisations. Only one third (n=13) of the organisations examined were found to have offered their employees some form of flexible work options (McGuiness, 2009). Further studies describe how participants are expected to get back to work and pick up the same workload they were managing prior to experiencing bereavement (Gibson, Gallagher & Tracey, 2011). They recall how they struggled with the concept of being expected to attend meetings and having to complete tasks that required memory recall and concentration (Gibson, Gallagher & Jenkins, 2010). The idea of having to face new challenges and projects was described as daunting and they felt that energy, confidence and creativity was significantly reduced shortly after experiencing bereavement (Gibson, Gallagher & Jenkins, 2010).

Informational Support

A total of 3 articles (n=3) explored the theme of Informational Support, suggesting that guidance for management as well as bereaved employees was or would be particularly helpful. Informational support is described here as the provision of guidance and advice to either the employer, management or direct to the bereaved employee (Breen & O'Connor, 2011). Apart from counselling being offered (McGuinness, 2009); research suggests that studies discussing any form of bereavement guidance are focused more on support for managers' rather than directly to bereaved employees' themselves. Conversely, McGuinness, (2009) argues that there is a lack of structured resources to help managers' to support their bereaved staff. In DiGiulio's (1995) study, participants report that their immediate line managers pointed out problems that may transpire as a result of loss. Additionally, of the 34 Irish organisations surveyed 88% were found to be lacking in written bereavement policies that would provide guidelines on procedures/best practice (McGuinness, 2009). Only, one government organisation in this study in Ireland was found to have developed their own guidelines and policy on bereavement which was then noted as being followed by training to all members of staff (McGuinness, 2009). Research highlights that long-term support was deemed less common, and only 4 of the 34 organisations surveyed in Ireland were found to have information on bereavement support that could be presented to employees', with just 3 providing guidelines to staff on how to support bereaved employees'. However, 14 organisations were found to have made provision for employees' to access counselling (McGuinness, 2009). Counselling can however be problematic, as well as beneficial. In the first instance, there is an increasing recognition of the potential value to organisations, nonetheless care needs to be taken not to deskill managers, albeit unintentionally. As one particular manager reported that they felt they could not talk to their bereaved staff, as it was understood that they were expected to send them to a professional for that (Charles-Edwards, 2009). Furthermore, McGuinness's (2009) research concludes that although elements such as flexible working, assistance programmes and counselling were offered they were not coordinated in a way to positively support bereaved employees'.

Emotional Support

A total of 10 articles (n=10) explored the theme of Emotional Support, which was further analysed into two subthemes namely: Acknowledgement (n=9) and Empathy (n=6). Emotional support is defined here as the provision of warmth, understanding, acknowledgement and empathy (Breen & O'Connor, 2011).

Acknowledgement

Acknowledgement as described here is the ability to identify and show recognition of the validity of an individual's experience of loss. DiGiulio's (1995) study highlights that 44% of the bereaved participants reported that their immediate managers acknowledged their loss of a loved one. In more recent research, Bauer and Murray (2018) examined how bereaved individuals manage their emotions within a professional setting. One of the 29 participants emphasised the benefits of care, empathy and emotional connection at work citing that acknowledgement of her grief allowed her to visibly mourn without generating tension around her professional identity. Further studies observed participants mentioning that their employer took the time to acknowledge their bereavement, their feelings and their loss, which in turn left them with the feeling of being valued. Therefore, the acknowledgement of the impact of personal trauma and showing sensitivity and a listening ear was perceived as particularly supportive (Gibson, Gallagher & Tracey, 2011; Breen & O'Connor, 2011).

Conversely, Gibson, Gallagher and Tracey's (2011) study found that the most common unhelpful management reaction was a lack of response. This study highlights several participants reporting that there was no acknowledgement of the difficulties following bereavement that they faced. They described struggling to cope with potentially stressful and demanding workplace situations such as attending work meetings. Additionally, two participants reported experiencing bullying and confrontational behaviour in the workplace (Gibson, Gallagher & Tracey, 2011). There was discussion around how many have the assumption that grief is short-term and finite and how this conveys a lack of understanding and thoughtlessness along with hurtful and sometimes flippant comments. This creates the feeling of insensitivity in workplace social interactions. Bereaved employees recalled co-

workers avoiding them, whilst others suggested they remove photos of the deceased loved one from their work desks. These comments and reactions were perceived as particularly distressing and hurtful to the bereaved (Breen & O'Connor, 2011; Gibson, Gallagher & Jenkins, 2010; Bauer & Murray, 2018; Gibson, Gallagher & Tracey, 2011). Moss's (2017) case study concludes that some managers and co-workers were visibly uncomfortable and unsure how to behave while in the presence of the bereaved employee. Whereas Breen and O'Connor (2011) report that the bereaved employees impression received from employers and staff in the workplace was that they should just 'get over it' and some reported feeling judged due to their experience of grief not fitting in with the expectations of some of those around them. Gibson, Gallagher and Tracey (2011) participants recount that they felt there was no acknowledgement of how difficult their loss or grieving experience is.

Empathy

Empathy defined here is the ability to understand and share in the emotions of others. In DiGiulio's (1995) review it was found that 69% of participants reported that one of the most repeatedly cited type of help offered from the employing organisation were words of encouragement, 48% mentioned that they took time to listen to concerns of the bereaved, 43% recounted that they had spent time talking about loss and 39% recalled being offered reassurance that their feelings were normal. Whereas 75% of participants commented on receiving words of encouragement from immediate supervisors, 57% recall having spent time with them having their concerns listened to, 45% recounted being offered a hand of friendship from them, and 39% highlighted receiving reassurance. More recently in Bauer and Murray's (2018) study participants describe their expressions of grief as having to be restrained in the workplace. They reported that they felt that there was no space in the workplace deemed appropriate to release their grief and that the bereaved employee was expected to show up and perform as if nothing had happened (Moss, 2017; Bauer & Murray, 2018). A survey conducted by Russell (1998) found that 47% of participants revealed that they felt that their line manager lacked empathy and did not make performance concessions upon their return to work. A further study highlighted how bereaved employees had been written up for low performance due to a missed a meeting, where in reality they had been crying in the bathroom at the time (Moss, 2017). Participants felt that their trauma of being bereaved was not understood in the workplace and therefore minimal empathy shown, led to

a lack of allowances being made for them in accordance with workplace demands and performance. This resulted in them receiving poor performance reviews which they deemed as extremely unfair (Gibson, Gallagher & Jenkins, 2010). Additionally, the National Council for Palliative Care (2014) found that 32% reported that they had not been treated with compassion by their employer. This poses the question, is this due to a lack of understanding or a lack of empathy?

Discussion

The aim of this literature review was to explore how employers were found to respond to bereaved employees. Although this review covered mostly qualitative studies, the small range of available information provided insight into what support was received and what may be lacking. In analysing the available data there were some interesting psychological perspectives as well as significant areas that appeared to be lacking. These are discussed below.

Psychological Perspectives

The literature cites that many organisations have become aware that employees' productivity may be connected to their well-being. However, it appears that more focus has traditionally been placed on their physical health rather than mental health (Harnois & Gabriel, 2000). Harnois and Gabriel (2000) suggest that employment may provide 5 areas of psychological experience that promote mental well-being namely; social contact, social identity, structure in time, regular activity and purpose. A related element is the degree to which an employer encourages or impedes the development of an employees' performance (Harnois & Gabriel, 2000). Furthermore, the literature proposes that the mere perception of support may decrease stress with a correlation to benefits for well-being. Therefore, the belief that support is readily available appears to have strong positive effects on mental health, more so than the actual receipt of support (Harnois & Gabriel, 2000). Conversely, the receipt of support may have costs. Support is presumed to be helpful in acting as a buffer during difficult times. Evidence demonstrates that the positive relationship between bereavement and support are mixed (Li & Chen, 2016). Some studies reveal that there is a negative correlation between unwanted support and the creation of mental distress (e.g. Andersen, Nielsen & Brinkmann, 2012), while others found insufficient evidence to support this (Li &

Chen, 2016). Nevertheless, the variability of the results suggests that there may be different ways that individuals perceive support and how it would impact the differing receivers (Li & Chen, 2016). For example; if an individual requires emotional support but receives informational support instead, this misfired attempt to support may raise psychological distress rather than decreasing it (Thoits, 1986). Therefore, the type of support that may be required needs to be assessed on an individual basis.

Other issues around receiving social support may come from the recipient. Individuals who are experiencing distress may end up driving their support networks away (Matt & Dean, 1993). Gurung, Taylor and Seeman (2003) conclude that those needing social support the most were possibly less likely to get it and therefore experience gaps in the support required. In Rook's (1984) study of 120 widowed women, it was found that negative social interactions were consistently and strongly correlated to result in negative well-being. The study suggests that having their privacy invaded or the promises of assistance that did not follow through were among the scenario's that worsened the adjustment process. On the other hand, certain individuals are more effective than others in extracting whatever support they may require. Dunkel-Schetter, Folkman and Lazarus (1987) suggest that being socially competent appears to be particularly important for obtaining emotional support but may not predict as much in the ability to gain instrumental support. Furthermore, the literature draws attention to the significance in understanding cultural diversity in how support may be experienced or utilised. It indicates for example that the interpretation of social support has been influential in the psychological literature, namely the process of intended efforts to provide help, may be specific to the Western way of thinking and may not extend to cultures that view relationships as interdependent rather than as a resource.

Instrumental Support

Lack of response in long-term support

In the review conducted by Gibson, Gallagher and Tracey (2011) it was found that although short-term support was referred to as 'good', the longer-term support with the unstructured approach of 'whatever is needed' was found to be particularly unsupportive. Many of the participants recalled that they had not been offered the kind of proactive formal support they felt that they needed. Furthermore, participants point out that a named person within an organisation should be made available to help with the arrangement of informal

support and that employers should be more proactive in their approach to supporting bereaved employees rather than waiting for them to ask for specific assistance (Gibson, Gallagher & Tracey, 2011). According to Bakker and Demerouti (2014) elements of work can be categorised into job demands and job resources, referred to as 'Job Demand-Resources Theory' (JD-R). This theory advocates that work settings evoke two separate cognitive processes; impairment to health approach or a motivational approach. When an employee is met with continual high demands this may lead to exhaustion, fatigue and health issues, and is observed as a health impairment process (Bakker & Demerouti, 2014). Findings indicate that specific work strain and emotional demands have frequently been established to predict fatigue in various occupational circles (Hakanen, Bakker & Schaufeli, 2006; Demerouti, Bakker & Bulters, 2004). Conversely, job resources have been found to support employees in promoting aspirational achievement in work-related goals. This is observed as a motivational process (Boyd, Bakker, Pignata, Winefield, Gillespie & Stough, 2011). Current research highlights that recovery is more likely to take place when grief-related suffering is reduced and positive emotions are triggered and managed (Bonanno, 2001). As Bakker (2011) suggests, resources such as positive encouragement and supportive management feedback result in raised performance levels from employees. Consequently, the National Council for Palliative Care (2014) found that 56% of employees who feel they have not received proper support from their employer would consider leaving their jobs. Therefore, it is essential that employers get the correct balance between showing compassion versus the operational requirements of the business (McGuinness & Williams, 2014).

Lack of clarity around time allowed off work

Results from this review indicate that one of the main common concerns that bereaved employees have is around being granted paid time off from work (Breen & O'Connor, 2011). Studies demonstrate there appears to be an inconsistency within organisations with regards to time allowed off after experiencing bereavement and more often than not these decisions were left to the line managers with minimal guidance. Some managers adhered strictly to the organisations HR policy documents (if there were any); however others appeared inclined to be unaware of the rights of their bereaved staff (Hall, Russell & Shcuksmith, 2013; McGuinness, 2009). Studies also highlight that some HR policies lack clarity, leaving the bereaved employees confused in their entitlements the result

of which left them to return to work perhaps before they were ready (Bauer & Murray, 2018; Moss, 2017). In Fitzpatrick's (2008) qualitative review participants recall their return to work as being rather difficult, with 2 respondents highlighting that they found returning to work was beneficial, however, did not mention how. Cowls and Galloway's (2009) study noted that employees were urged to stabilise their grief symptoms before returning to the workplace whereas Noordik, Nieuwenhuijsen, Varekamp, van der Klink and van Dijk (2011) study found that they were encouraged to return to the workplace whilst still encountering common mental distress such as depression, anxiety and stress symptoms. However, to be noted, none of these studies examined indicators for the employees' readiness for their return to the workplace (Andersen, Nielsen & Brinkmann, 2012).

Informational Support

Lack of HR guidance

Despite, McGuiness (2009) suggesting that there is a lack of written bereavement policies providing guidance to management on how to specifically support bereaved colleagues, the review indicates that any guidance available is mostly opinionated and focused on support for managers' and staff and not directly for the bereaved employee. In Gibson, Gallagher and Tracey's (2011) study, managers' recall how they had received training to deal with addiction in the workplace however, managing a bereaved employee was not included in their management development programme. The research discusses how participants suggest that staff and managers should be receiving education around the impact of bereavement (Gibson, Gallagher & Tracey, 2011; Fitzpatrick, 2008), and in their ability to recognise personal biases versus legitimate business requirements (Hall, Russell & Shucksmith, 2013). Additionally, DiGiulio (1995) suggests that an important area for policy consideration is around the reallocation of work duties, a flexible work programme and a flexible modified expectation of job performance. Although various forms of support may be offered within organisations it appeared to lack co-ordination in a way to be beneficial to bereaved employees (McGuiness (2009). In accordance with the Dutch Occupational Physicians Common Mental Disorders (CMD) Guidelines, it was concluded that 75% of employees on stress-related sick leave who receive work-directed interventions will have fully been integrated and returned to work by 3 months (van der Klink, Blonk, Schene and van Dijk, 2003).

Interestingly, the Institute of Occupational Health and Safety (2015) funded a study which evaluated the efficacy and value of a standardised letter created by the Council for Work and Health. The aim of this research was to discover and reach a consensus on how the fit note can optimally be used by stakeholder groups (GP's, employer and employee/patient) to assist in the return to work process and workplace retention (Rutherford & Hilton, 2017). More specifically the aim was to assist the employer who may receive a 'not fit to work' note from the General Practitioner (GP) with suggestions, modifications or adjustments to help with coping mechanisms for the distressed employee in their return to work. For example; if a bereaved employee has been given coping strategies around dealing with grief, then the employer should be required to give them time to use these strategies, to acknowledge when they are coping versus when they may feel overwhelmed (Institute of Occupational Safety & Health, 2015). Outcomes of this research recommends the provision of training and education for these stakeholders, modifications to the fit note itself and suggestions around changes to organisational policies and procedures. It was noted that the current fit note was very unlikely to achieve its objectives without further investment of time, money and further legislation (Rutherford & Hilton, 2017). Should this research continue its momentum this may be a great step forward in individualised care for employees' and guidance for employers'.

Emotional Support

Lack of understanding in performance management

It appears from this review that one of the most helpful responses from an employer is around offering flexible working hours and reduced workloads (Gibson, Gallagher & Tracey, 2011; DiGiulio, 1995; Eyetsemitan, 1998). Studies in this review indicate that many bereaved employees struggled with how they were expected to pick up the same workloads they had prior to experiencing bereavement and how this negatively impacted their ability to perform at work (Gibson, Gallagher & Tracey, 2011; Gibson, Gallagher & Jenkins, 2010). This review therefore, emphasizes how certain management may neglect to make necessary performance allowances. This lack of action may therefore result in the bereaved employee getting a poor performance review which can be perceived as unjust and unfair (Russell, 1998; Moss, 2017; Gibson, Gallagher & Jenkins, 2010). Thus underlining the importance of creating awareness and in showing empathy and acknowledgement to the bereaved

employees' situation, as it instills a sense of being a valued member of staff (Bauer & Murray, 2018; Gibson, Gallagher & Tracey, 2011; Breen & O'Connor, 2011). This forms part of what may be referred to, as the 'psychological contract' (Robinson & Rousseau, 1994). It refers to the unwritten belief that employees' and employers' have about one another. It acknowledges that an employees' dedication is not established through pay alone, and that employers' who show understanding to the mental health, quality of life and well-being of their staff, can further secure an employees' loyalty and motivation therefore in turn improve productivity, performance and staff retention (Kanov, Maitlis, Worline, Dutton, Frost & Lilius, 2004).

Limitations

This review relied on the accessibility of previously published research and their suitability to the stipulated inclusion and exclusion criteria. Unfortunately, there is no set way to ensure that all the literature in this topic was considered and this may increase the chance of the review being biased. However, the strength of this review is the use of international literature which allows for a comparison and contrast on what is currently available and this therefore enables identification of gaps or commonalities within the data.

Conclusion

This review of the literature indicates that while many employers show sympathy and flexibility to bereaved employees, others may be less responsive and make it difficult for bereaved employees to take the time they may need and obtain the support they may require (National Council for Palliative Care, 2014). Additionally, this review emphasises the impact that behaviour, feelings and thoughts may have upon one's physical and mental state (biopsychosocial) and how essential the role of support in the workplace is to the recovery process (Engel, 1977; Gibson, Gallagher, & Jenkins, 2010; Harnois & Gabriel, 2000). Therefore, by understanding bereaved employees' experiences of workplace support, will not only create awareness and knowledge of what best practice support looks like but may assist to develop individualised care and support for employees' who are experiencing mental distress in the workplace.

References

- Andersen, M.F., Nielsen, K.M., & Brinkmann, S. (2012). Meta-synthesis of qualitative research on return to work among employees with common mental disorders. *Scandinavia Journal of Work Environmental Health*, 38(2), 93-104. DOI: 10.5271/sjweh.3257
- Bakker, A.B. (2011). An evidence-based model of work engagement. *Current Directions in Psychological Science*, 20(4). DOI:10.1177/0963721411414534
- Bakker, A.B., & Demerouti, E. (2014). Job demands-resources theory. In Cooper, C., and Chen P. (Eds). *Wellbeing: a complete reference guide* pp.37-64. Wiley-Blackwell: Chichester
- Bauer, J.C., & Murray, M.A. (2018). "Leave your emotions at home": bereavement, organisational space and professional identity. *Women's Studies in Communication*, 41(1), 60-81, DOI: 10.1080/07491409.2018.1424061
- Bonanno, G.A. (2001). Grief and emotion: a social-functional perspective. In M. Stroebe et al. (Eds.), *Handbook of bereavement: consequences, coping, and care*, pp. 493-515. Washington DC: American Psychological Association. DOI: 10.1037/10436-021
- Boyd, C.M., Bakker, A.B., Pignata, S., Winefield, A.H., Gillespie, N., & Stough, C. (2011). A longitudinal test of the job demands-resources model among Australian university academics. *Applied Psychology: An International Review*, 60(1). DOI:10.1111/j.1464-0597.2010.00429.x
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. DOI:10.1191/1478088706qp0630a
- Breen, L.J., & O'Connor, M. (2011). Family and social networks after bereavement: experiences of support, change and isolation. *Journal of Family Therapy*, 33(1), 98-120. DOI: 10.1111/j.1467-6427.2010.00495.x
- Charles-Edwards, D. (2001). Responding to bereavement at work, *Bereavement Care*, 20(3), 41-42. DOI:10.1080/02682620108657529
- Charles-Edwards, D. (2009). Empowering people at work in the face of death and bereavement. *Death Studies*, 33(5), 420-436. DOI: 10.1080/07481180902805632
- Cowls, J., & Galloway, E., (2009). Understanding how traumatic reenactment impacts the workplace: assisting clients successful return to work. *Work*, 33(4), 401-411. DOI: 10.3233/WOR-2009-0889

- Demerouti, E, Bakker, A.B., & Bulters, A.J. (2004). The loss spiral of work pressure, work-home interference and exhaustion: reciprocal relations in a three-wave study. *Journal of Vocational Behaviour*, 64(1). DOI:[http://dx.doi.org/10.1016/S0001-8791\(03\)00030-7](http://dx.doi.org/10.1016/S0001-8791(03)00030-7)
- DiGiulio, J.F. (1995). A more humane workplace: responding to child welfare workers' personal losses. *Child Welfare*, 74(4), 877-888. DOI:5aabc437e4b03d53f0ce615f/
- Dunkel-Schetter, C., Folkman, S., & Lazarus, R.S. (1987). Correlates of social support receipt. *Journal of Personality and Social Psychology*, 53(1), 71-80. DOI:<https://psycnet.apa.org/buy/1987-34343-001>
- Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38, 215-22.
- Engel, G. (1977). The need for a new medical model: a challenge for biomedical science. *Science*, 196, 126-9. Retrieved from: <http://globalization.anthro-seminars.net/wp-content/uploads/2016/11/Need-for-a-New-Medical-Model-A-Challenge-for-Biomedicine.pdf>
- Eyetssemitan, F. (1998). Stifled grief in the workplace. *Death Studies*, 22, 469-479. DOI: 10.1080/074811898201461
- Fitzpatrick, T.R. (2008). Bereavement among faculty members in a university setting. *Social Work in Health Care*, 45(4), 83-109. DOI:10.1300/JO10v45n04_05.
- Gibson, J., Gallagher, M., & Jenkins, M. (2010). The experiences of parents readjusting to the workplace following the death of a child by suicide. *Death Studies*, 34(6), 500–528. DOI:10.1080/07481187.2010.482879
- Gibson, J., Gallagher, M., & Tracey, A. (2011). Workplace support for traumatically bereaved people. *Bereavement Care*, 30(2), 10-16. DOI: 10.1080/02682621.2011.577998
- Gurung, R.A.R., Taylor, S.E., & Seeman, T.E. (2003). Accounting for changes in social support among married older adults: insights from the MacArthur Studies of Successful Aging. *Psychology and Aging*, 18(3), 487-496. DOI:psycnet.apa.org/buy/2003-07824-014
- Hakanen, J., Bakker, A.B., & Schaufeli, W.B. (2006). Burnout and work engagement among teachers. *Journal of School Psychology*, 43(6). DOI:<http://dx.doi.org/10.1016/j.jsp.2005.11.001>
- Hall, D., Russell, S., & Shucksmith, J. (2013). Building a compassionate community: developing an informed and caring workplace in response to employee bereavement. *Cruse Bereavement Care*, 32 (1), 4-10. DOI: 10.1080/02682621.2013.779819
- Harnois, G., & Gabriel, P. (2000). Mental health and work: impact, issues and good practices. *Mental Health Policy and Service Development*. WHO: Geneva

- Hazen, M.A. (2009). Recognizing and responding to workplace grief. *Organisational Dynamics*, 38(4), 290-296. DOI:<http://dx.doi.org/10.1016/j.orgdyn.2009.07.002>
- Institute of Occupational Safety & Health (2015). *Working well: guidance in promoting health and wellbeing at work*
- Kanov, J.M., Maitlis, S., Worline, M.C., Dutton, J.E., Frost, P.J., & Lilius, J.M. (2004). Compassion in organizational life. *American Behavioral Scientist*, 47(6), 808-827, DOI: 10.1177/0002764203260211
- Li, J., & Chen, S. (2016). A new model of social support in bereavement (SSB): an empirical investigation with a chinese sample. *Death Studies*, 40(4), 223-228. DOI:10.1080/07481187.2015.1127296
- Malacrida, C. (1999). Complicating mourning: the social economy of perinatal death. *Qualitative Health Research*, 9(4), 504-519. DOI: 10.1177/104973299129122036
- Matt, G.E., & Dean, A. (1993). Social Support from Friends and Psychological Distress Among Elderly Persons: Moderator Effects of Age. *Journal of Health and Social Behaviour*, 34 (3), 187-200. DOI: 10.2307/2137201
- McGuinness, B. (2009). Grief in the workplace: developing a bereavement policy. *Bereavement Care*, 28(1), 2-8. DOI:<http://dx.doi.org/10.1080/02682620902746037>
- McGuinness, B., & Williams, S. (2014). Handling bereavement in the workplace – a guide for employers. *Bereavement Care*, 33(3), 111-112. DOI: 10.1080/02682621.2014.980986
- Moss, J. (2017). Making your workplace safe for grief. *Harvard Business Review* 1-5. Retrieved from: <https://refworks.proquest.com/library/read/doc:5aa664cee4b0570b52523395/>
- National Council for Palliative Care (2014). Life after death – six steps to improve support in bereavement. National Bereavement Alliance. *National Council for Palliative Care*. Retrieved from: [http://www.dyingmatters.org/sites/default/files/Life%20After%20Death%20FINAL\(1\).pdf](http://www.dyingmatters.org/sites/default/files/Life%20After%20Death%20FINAL(1).pdf)
- Noordik, E., Nieuwenhuijsen, K., Varekamp, I., van der Klink, J.J., & van Dijk, F.J. (2011). Exploring the return-to-work process for workers partially returned to work and partially on long-term sick leave due to common mental disorders: a qualitative study, *Disability and Rehabilitation*, 33(17), 1625-1635. DOI: 10.3109/09638288.2010.541547
- Office for National Statistics (2015). Statistical Bulletin. *Deaths registered in England and Wales*. Retrieved from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregistrationsummarytables/2017>
- Palmer, F. A. (2004). *Grief in the workplace: A case study of how grief associated with the death of a child affects the organisation*. (Doctoral dissertation). Retrieved from

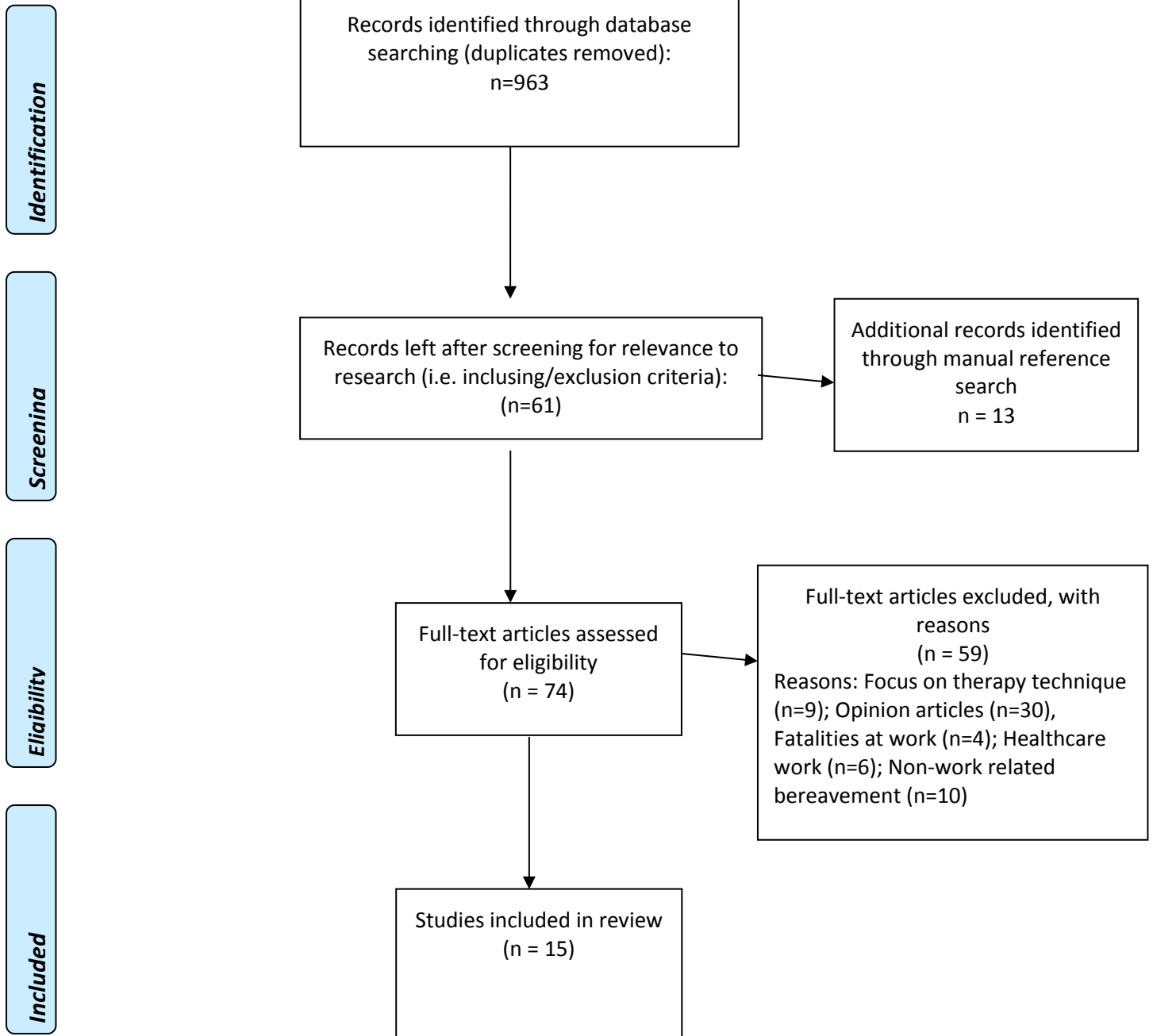
<http://dissexpress.umi.com/dxweb/results.html?QryTxt=&By=palmer&Title=grief+in+the+workplace&pubnum> (Order number 700298066)

- Robinson, S.L., & Rousseau, D.M. (1994). Violating the psychological contract. Not the exception but the norm. *Journal of Organizational Behaviour*, 15, 245-259. DOI:10.1002/job.4030150306
- Rook, K. S. (1984). The negative side of social interaction: Impact on psychological well-being. *Journal of Personality and Social Psychology*, 46(5), 1097-1108. DOI: dx.doi.org/10.1037/0022-3514.46.5.1097
- Russell, K. (1998). Returning to employment after bereavement. *Bereavement Care*, 17(1), 11-13. DOI: 10.1080/02682629808657426
- Rutherford, Z., & Hilton, C. (2017). A report for the Council for Work and Health, funded by the Institution of Occupational Safety and Health, on a pilot to evaluate the usability and acceptability of standardised employer-to-GP fit note communication on behalf of the Fit for Work Team. Leicestershire, UK: IOSH.
- Schnall, P.L., Dobson, M., & Roskam, E. (Eds.) (2009) *Unhealthy work: causes, consequences, cures*. Amityville, NY: Baywood
- Tehan, M., & Thompson, N. (2013). Loss and grief in the workplace: The challenge of leadership. *Journal of Death and Dying*, 66(3), 265-280
- Thoits, P.A. (1986). Social support as coping assistance. *Journal of Consulting and Clinical Psychology*, 54(4), 416-423. DOI:psycnet.apa.org/buy/1986-30534-001
- Thompson, N., & Bates, J. (Eds.). (2009). *Promoting workplace well-being*. Basingstoke and New York: Palgrave Macmillan
- van der Klink J.J., Blonk R.W., Schene A.H., & van Dijk F.J. (2003). Reducing long term sickness absence by an activating intervention in adjustment disorders: a cluster randomised controlled design. *Occupational and Environmental Medicine*, 60, 429-437

Appendix A



PRISMA 2009 Flow Diagram



Appendix B

LITERATURE REVIEW

Search conducted Feb 2018 – April 2018

No	Authour	Type of Literature	TITLE	Synopsis
1	Andersen, M.F., Nielsen, K.M., & Brinkmann, S. (2012).	Meta-Analysis	Meta-synthesis of qualitative research on return to work among employees with common mental disorders.	This study investigates what opportunities and what obstacles employees are met with in common mental disorders when returning to work after a period of time off. Meta-ethnographic, n=8, (Denmark)
2	Bauer, J.C., & Murray, M.A. (2018)	Qualitative	“Leave Your Emotions at Home”: Bereavement, Organizational Space, and Professional Identity.	This study explores how bereaved workers in white-collar jobs manage their emotions as a result of bereavement within their professional work spaces. Thematic, n=29, (USA)
3	Breen, L.J., & O’Connor, M. (2011).	Qualitative	Family and social networks after bereavement: experiences of support, change and isolation.	This study investigates the role of the family and social support networks following the death of a family member following road traffic accident. Grounded Theory, n=21, (Australia)
4	Charles-Edwards, D. (2009).	Qualitative	Empowering People at Work in the Face of Death and Bereavement.	Examines how people respond to people bereaved at work. Case Study, n=4, (UK)
5	DiGiulio, J.F. (1995).	Qualitative	A more humane workplace: responding to child welfare workers’ personal losses.	Surveyed child welfare workers on the type of loss they experienced; the kind of benefits and emotional support they received from their organization, management and coworkers, their expectations and possible problem areas. The Loss Survey For Employees, n=106, (USA)
6	Eyetssemitan, F. (1998).	Mixed Methods	Stifled grief in the workplace.	This study explores stifled grief in the workplace and how organizational support may or may not be impacting this. Mixed Methods, n=145, (USA)
7	Fitzpatrick, T.R. (2008).	Qualitative	Bereavement Among Faculty Members in a University Setting.	This study examines bereavement experienced within a group of faculty following their return to work at a university. IPA, n=7, (USA)
8	Gibson, J., Gallagher, M., & Jenkins, M. (2010).	Qualitative	The experiences of parents readjusting to the workplace following the death of a child by suicide.	This study explores the specific experiences and needs of parents bereaved by the suicide of a child and their readjustment to the work situation. Thematic, n=11, (Ireland)

9	Gibson, J., Gallagher, M., & Tracey, A. (2011).	Qualitative	Workplace support for traumatically bereaved people.	This study explores the experiences of parents in their return to work after being bereaved by suicide and the support they felt they needed and that workplaces should provide. Thematic, n=11, (Ireland)
10	Hall, D., Russell, S., and Shucksmith, J. (2013).	Qualitative	Building a compassionate community: developing an informed and caring workplace in response to employee bereavement.	Small interview study with recently bereaved employees looking at ways in which they perceived they were treated in the workplace following the death of a loved one. Thematic, n=10, (UK)
11	Malacrida, C. (1999).	Qualitative	Complicating mourning: the social economy of perinatal death.	This study explores the social economic practices that relate to perinatal deaths and an analysis of interactions with social institutions and workplace measures. Grounded Theory, n=22, (Canada)
12	McGuinness, B. (2009).	Qualitative	Grief in the workplace.	This study explores organisations policies and procedures for supporting bereaved employees. Thematic, n=34, (Ireland)
13	Moss, J. (2017).	Qualitative	Making your workplace safe for grief.	Case Study on workplace response to bereaved employees. Case Study, (USA)
14	National Council for Palliative Care (2014).	Report	Life after death – six steps to improve support in bereavement.	This is a paper that considers how employers can better support their employees after experiencing bereavement. (UK)
15	Russell, K. (1998)	Qualitative	Returning to employment after bereavement.	This study examines the effectiveness of employees after they have experienced the death of a loved one and the support offered to them within the workplace. Survey, n=62, (UK)